STATE OF HAWAII
Department of Health

RFP Title:
Prenatal Outreach Campaign

RFP #: HTH 165-4

Proposal Due Date and Time:
May 7, 2004
By 4:30 p.m.

REQUEST FOR PROPOSALS (RFP)

Pursuant to Chapter 103F, Hawaii Revised Statutes, the Department of Health, Family Health Services Division, Women, Infants and Children (WIC) Services Branch is soliciting proposals for the following:

RFP No.	RFP Title
HTH 165-4	Prenatal Outreach Campaign

WIC is requesting proposals from qualified agencies with outreach specialists to educate and promote the WIC Supplemental Nutrition Program to physicians and their staff in order to establish a linkage between medical providers and WIC, also to increase the number of women entering WIC particularly in the first trimester of pregnancy. The single term contract will be from May 19, 2004 to September 30, 2004. Multiple contracts may be awarded statewide to ensure accessibility of services to all geographic areas of need. Funding for this service will be through federal funds. RFP Coordinator: Elizabeth Apana, (808) 586-8255.

RFP Pick-up: Packets may be picked up during regular business hours starting Monday, April 8, 2004, at the WIC Services Branch, 235 South Beretania Street, Suite 701, Honolulu, Hawaii 96813, or call Debbie Smith at (808) 586-4773 to have a copy mailed to you.

Proposal Submittals: All Proposals must be postmarked on or before midnight on May 7, 2004 or hand delivered by 4:30 p.m., Hawaii Standard Time (H.S.T.), Attention: WIC RFP Coordinator.

RFP Orientation: Orientation will be conducted as follows: April 15, 2004 from 8:30 a.m. to 9:30 a.m. H.S.T., at Hawaii WIC Services Branch office, 235 South Beretania Street, Suite 701, Honolulu, Hawaii 96813.

April 8, 2004

REQUEST FOR PROPOSALS
PRENATAL OUTREACH CAMPAIGN
RFP No. HTH 165-4

The Department of Health, Family Health Services Division, Women, Infants and Children (WIC) Services Branch, is requesting proposals from qualified agencies with outreach specialists to establish a positive rapport with physicians and their staff to accomplish short and long term outreach goals.

Services include providing education to the physicians and their staff about WIC as well as mentor the WIC Local Agency (LA) outreach coordinators or designees on how to initiate and maintain a positive working relationship with physicians in their community. The contractor will provide standardized WIC outreach/referral protocols to use with both WIC staff and the physicians and their support staff. These resources are to be used as an integral part of the educational outreach campaign.

The single term contract will be from May 19, 2004 to September 30, 2004. Multiple contracts may be awarded statewide to ensure accessibility of services to all geographic areas of need.

Proposals must be postmarked on or before midnight on May 7, 2004 or hand delivered by 4:30 p.m., Hawaii Standard Time (H.S.T.) at the drop off sites that are designated on the following page. There are no exceptions to this requirement.

The WIC Services Branch will conduct an orientation on April 15, 2004 from 8:30 a.m. to 9:30 a.m. H.S.T., at Hawaii WIC Services Branch office, 235 South Beretania Street, Suite 701, Honolulu, Hawaii 96813. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. H.S.T. on April 19, 2004. Please submit your written questions and/or inquiries directly to the RFP contact person, Ms. Elizabeth Apana at 235 South Beretania Street, Suite 701, Honolulu, Hawaii 96813 or may be made by telephone to (808) 586-8255, by Fax (808) 586-8189 or by e-mail at egapana@mail.health.state.hi.us.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

IMPORTANT INFORMATION

ALL MAIL-INS MUST BE POSTMARKED BY USPS BEFORE 12:00 MIDNIGHT, May 7, 2004.

ONE ORIGINAL AND TWO COPIES OF THE PROPOSAL ARE REQUIRED.

All Mail-ins

Department of Health
WIC Services Branch
235 South Beretania Street, Suite #701
Honolulu, Hawaii 96813

RFP COORDINATOR

Elizabeth Apana
For further information
Phone: 586-8255
Fax: 586-8189

ALL DROP-OFFS WILL BE ACCEPTED AT THE INDIVIDUAL SITES UNTIL 4:30 P.M., MONDAY MAY 7, 2004.

Drop-off Sites

For applicants located on Oahu:

Department of Health
WIC Services Branch
235 South Beretania Street, Suite #701
Honolulu, Hawaii
Attn: Elizabeth Apana

For applicants located on Maui:

Department of Health
Maui District Health Office
State Office Building, 3rd Floor
54 High Street
Wailuku, Maui
Attn: Jeny Bissell

For applicants located in West Hawaii:
Department of Health
Kona WIC Program
Kealakekua Health Office
81-980 Haleki'i Street, #103
Kealakekua, Hawaii
Attn: Nancy Roberts

For applicants located on Kauai:

Department of Health
Kauai District Health Office
Lihue Health Center
3040 Umi Street
Lihue, Kauai
Attn: Dely Sasaki

For applicants located in East Hawaii:

Department of Health
Hilo WIC Program
Waiakea Kai Plaza
88 Kanoelehua Avenue, Suite 201
Hilo, Hawaii
Attn: Martha Schaffer

BE ADVISED:

ALL MAIL-INS POSTMARKED AFTER 12:00 MIDNIGHT, May 7, 2004, WILL NOT BE ACCEPTED FOR REVIEW AND WILL BE RETURNED.

NO DROP-OFFS WILL BE ACCEPTED AFTER 4:30 PM, ON May 7, 2004.

COMPETITIVE POS
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Section 1
Administrative Overview

Section 1
Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, State purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes, Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, POS Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

State of Hawaii, Department of Health
WIC Services Branch
235 South Beretania Street, Suite 701
Honolulu, Hawaii 96813
Phone: (808) 586-8255
Fax: (808) 586-8189

IV. Procurement Timetable

Activity	Scheduled Date
Public notice announcing RFP	April 8, 2004
Distribution of RFP	April 8, 2004
RFP orientation session	Apr 15, 2004
Closing date for submission of written questions	Apr 19, 2004
Response to applicants' written question	Apr 21, 2004
Discussion with applicant prior to proposal submittal deadline (opt.)	not applicable
Proposal submittal deadline	May 7, 2004
Discussions with applicant after proposal submittal deadline (opt.)	not applicable
Final revised proposals (optional)	not applicable
Proposal evaluation period	May 10-11, 2004
Provider selection and award	May 12, 2004
Notice of statement of findings and decisions	May 12, 2004
Contract start date	May 19, 2004

V. Orientation

An orientation for applicants in reference to the request for proposals will be held on April 15, 2004 from 8:30 a.m. to 9:30 a.m. H.S.T., at Hawaii WIC Services Branch office, 235 South Beretania Street, Suite 701, Honolulu, Hawaii 96813. Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the orientation at the state purchasing agency's discretion. Verbal answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline of April 19, 2004, in order to generate a written state purchasing agency response.

VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person (Page 2-3). The deadline for submission of written questions is 4:30 p.m. H.S.T., on April 19, 2004. All written questions will receive a written response from the state purchasing agency. State purchasing agency responses to applicant written questions will be sent by April 21, 2004.

VII. Submission of Proposals

Proposals must contain all components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency. Proposals must contain the following components:

(1) ***POS Proposal Application (Form SPO-H-200A), including Title Page (Form SPO-H-200) and Table of Contents*** **-** Applicant shall submit comprehensive narratives that addresses all of the issues contained in the POS Proposal Application Instructions, including a cost proposal/budget. (Refer to Section 3 of this RFP.)

(2) ***Competitive POS Application Check List –*** Provides applicants with information on where to obtain the required forms; information on program specific requirements; and the order in which all components should be assembled and submitted to the state purchasing agency.

(3) ***Registration Form (SPO-H-100A) –*** If applicant is not pre-registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their pre-registration status, they may check the State Procurement Office website at:
http://www.spo.hawaii.gov
Click on *Procurement of Health and Human Services*
Click on *Provider Lists…The Registered List of Private Providers for Use with the Competitive Method of Procurement*
or call the purchasing agency at 586-8255 or the State Procurement Office at 587-4705.

(4) ***Certifications*** **-** Federal and/or State certifications, as applicable.

(5) ***Program Specific Requirements*** **-** Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the POS Proposal Application, as applicable.

Multiple or alternate proposals shall **not** be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are **not** accepted and an

applicant submits alternate proposals but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

One original and 2 copies of the proposal are required. Proposals must be postmarked or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal post-marked or received after the designated date and time shall be rejected.

Submission of proposals through telefacsimile, electronic mail and/or computer diskettes is not permitted by the State procurement agency.

VIII. Discussions with Applicants Prior to, or After Proposal Submittal Deadline

Discussions may be conducted with applicants who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with the administrative rules.

IX. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

X. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XI. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal will be construed as their best and final offer/proposal. *Only the section(s) of the proposal that are amended shall be submitted by the applicant, along with the POS Proposal Application Title Page (SPO-H-200)*. After final revised proposals are received, final evaluations will be conducted for an award.

XII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIII. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XIV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XV. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS are parenthesized)

(1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201)
(2) Rejection for inadequate accounting system. (Section 3-141-202)
(3) Late proposals (Section 3-143-603)
(4) Inadequate response to request for proposals (Section 3-143-609)
(5) Proposal not responsive (Section 3-143-610 (1))
(6) Applicant not responsible (Section 3-143-610 (2))

XVI. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped and, when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XVII. Notice of Award

A Notice of Award containing a statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

XVIII. Protests

Any applicant may file a protest (using a prescribed form provided by the administrator of the State Procurement Office available on the State Procurement Office Website whose address is on the Competitive POS Application Checklist located in the Attachments section of this RFP) against the awarding of the contract as long as an original and two copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who handled the protested procurement, by United States mail, or by hand-delivery. A Notice of Protest regarding an award of contract and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decision sent to the protester. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the POS Proposal Checklist in Section 5 of this RFP). Only the following matters may be protested:

(1) a state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;

(2) a state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

(3) a state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

Head of State Purchasing Agency	**Procurement Officer**
Name: Chiyome L. Fukino, M.D.	Name: Valerie Ako
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801	Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801
Business Address: 1250 Punchbowl Street Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl Street Honolulu, Hawaii 96813

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments to be made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, Hawaii Revised Statutes, and subject to the availability of State and/or Federal funds.

XX. Criteria by Which the Performance of the Contract Will be Monitored and Evaluated

The criteria by which the performance of the contract will be monitored and evaluated are:

(1) Performance/Outcome Measures

(2) Output Measures

(3) Quality of Care/Quality of Services

(4) Financial Management

(5) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website (see the POS Proposal Application Checklist in Section 5 of this RFP). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO Website (see the POS Proposal Application Checklist in Section 5 of this RFP). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2
Service Specifications

Section 2
Service Specifications

I. Introduction

A. Background

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) began in Hawaii in 1976. The WIC Program is funded by the Food and Nutrition Service of the United States Department of Agriculture (USDA) and is administered by the Hawaii State Department of Health (DOH). It is a short-term intervention program designed to influence lifetime nutrition and health behaviors in a targeted high-risk population. National studies have shown that WIC is one of the nation's most successful public health nutrition programs.

WIC is designed for pregnant, breastfeeding or postpartum women, and infants or children less than five (5) years of age who live in Hawaii; have a nutritional risk; and have a household income at or less than 185% of the Federal Poverty Level. All foster children as well as those who receive Food Stamps, Quest, Medicaid, S-CHIP or Temporary Assistance to Needy Families are income eligible. Many working families in Hawaii are eligible.

Nutritional risk can be medically based or based on an inadequate dietary pattern. The goals of WIC are to decrease the complications of pregnancy, prevent low birth weight babies, decrease the incidence of iron deficiency anemia, and promote and support breastfeeding, optimum growth and development of infants and young children.

WIC also provides referrals to health and community service agencies for prenatal, health and dental care, food and legal assistance, parenting and family support, substance abuse treatment, mental health services, domestic violence services and early childhood intervention programs to assist in long term, family-based changes.

Hawaii WIC currently serves an average of 33,000 participants monthly and has funding to grow to 35,000. For additional information about general WIC services see the Hawaii WIC website at www.hawaiiwic.com or the national website at http://www.fns.usda.gov/wic/.

B. Purpose or Need

WIC Program data indicates that primary health care centers and State funded perinatal programs are more likely to refer their clients to WIC early in their prenatal care compared to private physicians who serve the majority of Hawaii's prenatal clients.

Anecdotal information indicates a lack of awareness and understanding of the WIC Program by most physicians. Informal discussions with physicians indicate that they do not understand how the WIC Program works, how early referral into WIC can improve health outcomes, how WIC services provide a variety of benefits to their patients, and how WIC participation saves health care dollars.

C. Description of the goals of the service

The goal of the WIC Prenatal Outreach Campaign (POC) is to establish a positive rapport with physicians and their staff to accomplish short and long term outreach goals. The provider is responsible for providing outreach specialists who will educate the physicians and their staff about WIC as well as mentor the WIC Local Agency (LA) outreach coordinators or designees on how to initiate and maintain a positive working relationship with physicians in their community. The provider will provide standardized WIC outreach/referral protocols to use with both WIC staff and the physicians and their support staff. These resources are to be used as an integral part of the educational outreach campaign. Targeted physicians will be encouraged to make referrals to WIC within the patient's first trimester or within 30-60 days of the first prenatal care appointment.

Short Term Goals:

1. To increase the total number of women (pregnant, postpartum, and breastfeeding) participants served in Hawaii WIC during the projected period of intervention (i.e. tentatively June 1, 2004 to September 30, 2004) compared to pre-intervention baseline data.
2. To increase the number of prenatal participants entering WIC during the first trimester by at least 1% or more by September 30, 2004 compared to pre-intervention baseline data.
3. To increase the number of obstetricians/gynecologists (OB/Gyn) physicians or their staff contacted in 2004 by a WIC/POC representative from less than 2% prior to POC to at least 80% after implementation of the POC project.
4. To obtain at least one new WIC/physician partnerships per LA by September 30, 2004 as a result of the POC intervention.

Long Term Goals:

1. By September 30, 2005, Hawaii WIC shall achieve an end of the year caseload average of 34,000 participants.

D. Description of the target population to be served

The POC is targeted to all physicians who serve prenatal women, primarily targeting OB/Gyns but may also include others such as general practitioners, internal medicine physicians, and family physicians, as well as their support staff. It is important to note that the County of Honolulu represents 80% of the active licensed physicians. The neighbor islands are known for their limited health care services and are frequently designated as medically underserved areas. Physicians in Hawaii may also restrict the number of QUEST/Medicaid clients served, which further complicates health care access. Hawaii has many unique outreach challenges due to its multi-ethnic communities, limited health care services, geographically isolated and medically underserved rural communities, and lack of a public transportation system for the neighbor islands in addition to other geographic challenges.

E. Geographic coverage of service

WIC services are provided through the delivery of services via WIC LAs. These services are provided via a Purchase of Service (POS) or a State-run LA. See Attachment D, WIC Local Agency List (revised 2/13/2004) for a comprehensive statewide listing of all permanent WIC LAs. Outreach services targeting physicians and their staff are needed for the counties of Maui, Kauai, Hawaii, and Honolulu. The provider is responsible for contacting at least 80% of all OB/Gyns or other physicians who routinely serve prenatal patients in the State of Hawaii. The provider may contact the targeted physicians through a variety of means. The provider must provide an adequate number of outreach specialists in proportion to the targeted physicians in each county who provide prenatal services. This is necessary to accomplish POC outcomes on time and within budget. Two (2) or more full time outreach specialists are suggested for the county of Honolulu and one part time for each of the remaining counties (i.e. Maui, Kauai, and Hawaii). The total number of outreach specialists for the project is subject to negotiation with the State.

F. Probable funding amounts, source, and period of availability

Contracted services must be accomplished within a total budget not to exceed $60,500. The contract is Federally funded by the USDA, Food and Nutrition Services through the Hawaii WIC Program, which is administered by the Hawaii DOH. Funds will be released based on notice to proceed from the State. All deliverables and expenditures must be completed no later than September 30, 2004.

II. General Requirements

A. Specific qualifications or requirements, including, but not limited to, licensure or accreditation

The applicant shall comply with the Chapter 103F, HRS Cost Principles for Purchases of Health and Human Services identified in SPO-H-201 (Effective 10/1//98), which can be found on the SPO website (http://www.spo.hawaii.gov).

B. Secondary purchaser participation

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

C. Multiple or alternate proposals

(Refer to §3-143-605, HAR)

☒ Allowed ☐ Unallowed

D. Single or multiple contracts to be awarded

(Refer to §3-143-206, HAR)

☐ Single ☐ Multiple ☒ Single & Multiple

E. Single or multi-term contracts to be awarded

(Refer to §3-149-302, HAR)

☒ Single term (≤ 2 yrs) ☐ Multi-term (> 2 yrs.)

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the winning provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Elizabeth Apana, PHAO III
Department of Health
Family Health Services Division
WIC Services Branch
235 South Beretania Street, Suite 701
Honolulu, Hawaii 96813
Phone: (808) 586-8255
e-mail: egapana@mail.health.state.hi.us

III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

The provider shall provide outreach specialists who will implement the POC project. The provider will identify actively practicing OB/Gyn physicians or other physicians who serve a high volume of prenatal patients per county. Once the target audience is identified, the provider will then initiate a needs assessment of the physician's general knowledge level of WIC and the WIC LA outreach coordinator or designee's level of outreach experience. Using the findings from the needs assessment, the provider will develop a work plan to link each LA WIC outreach coordinator or designee with interested physicians or their support staff. This linkage plan will be used to build a long-term relationship with the physician through the POC efforts. LA staff will acquire outreach skills and confidence by shadowing the contracted outreach specialists. The physician and support staff will gain WIC referral protocols and a basic working knowledge of WIC. The transfer of effort and skill from the outreach specialist to the WIC LA staff is critical to the sustainability and long-term success of the POC project. WIC understands the importance of building strong outreach efforts at the grass roots level through sustainable relationships built at the community level between the local WIC agency and the community physicians, especially the OB/Gyns who are sources of prenatal referrals to WIC. Outreach Policies and Procedures, 740 (Attachment E) and 740.1 (Attachment F) have been included as background information.

The provider shall complete a needs assessment of the physicians by contacting at least 80% of the targeted physicians or their staff per county to determine their knowledge level of WIC and their referral practices prior to POC intervention as well as post assessment of participating POC physicians. The provider will establish an electronically documented outreach data base to track key POC information. This may include the type of educational contact preferred by the POC participating physician, the method of contact made by the provider, the outcome, the follow up plan, physician's name, address, phone, fax, physicians prenatal caseload and type and quantity of outreach resources provided.

Over a period of four (4) to six (6) months the provider shall provide at least two (2) mentoring contacts with each LA outreach coordinator or designee through the use of county specific POC outreach specialists. Additional contacts maybe provided as needed. The mentoring contact may include, but is not limited to, site visits with the WIC staff to the physicians office, conference calls with the physician and WIC staff, or other mutually agreed upon activities that would assist the WIC staff in building a relationship with the physician and their staff.

Physicians will be shown that a WIC partnership can be beneficial to all parties as is shown in Attachment H, Twenty Years of WIC: A review of some effects of the program. The provider would provide all targeted physicians with a standardized informational message (verbal and written) on WIC general services, how easy it is to make referrals to WIC, how to use the WIC referral protocols and outreach resources (video, brochures, referral guide, etc.) and how to facilitate early prenatal referrals to WIC to improve pregnancy outcomes.

B. Required Tasks

1. Must identify the physician's knowledge of WIC general services and how to make referrals to WIC through a brief, standardized needs assessment tool. Must also identify the outreach experience level of the LA outreach coordinator or designee.
2. Must provide outreach specialists for the POC project, which includes at least two Oahu outreach specialists and one per county (Maui, Kauai, Hawaii). May build on other existing outreach infrastructures to maximize outcomes and best utilize available resources and available funds.
3. Create a training curriculum or other mechanism to educate the physician and his staff about WIC. This must include a referral protocol and a standardized message targeted to the physician and their staff that WIC staff can use for future outreach efforts. These resources should also be shared with the WIC LA coordinator and staff to ensure all staff is informed of the POC referral process.
4. Create a linkage matrix that will match contracted outreach mentors with LA WIC staff while providing targeted physician outreach services. The purpose of the mentors is to model a positive outreach experience with the WIC staff, build up their confidence and outreach expertise as the WIC outreach coordinator.
5. Identify and provide standardized outreach information packets as well as training resources for physicians and their staff as well as designated WIC staff. May utilize current Hawaii WIC Outreach resources or create new resources as needed. Current resources include master documents for the Hawaii outreach brochures, the 10-minute informational commercial video, and a PowerPoint presentation on CD. May develop new resources such as posters, mini posters, magnets, pencils or other incentive items as needed. Must adhere by all WIC regulations as identified in the current Hawaii State Plan including, but not limited to, the appropriate use of the current non-discrimination statement on printed outreach documents. All incentive items must reference the Hawaii WIC Program/DOH. See Attachment H for procedure 1100, "Nondiscrimination Policy Statement and New Civil Rights Posters" and Attachment I for procedure 1100.1 "Civil Rights Statement on Printed Materials".
6. Provider shall oversee all tasks and assignments related to this project. This may include, but is not limited to, the design, implementation, and

coordination of all tasks (i.e. public relations, acquisition of needed resources including travel arrangements and office needs, documentation, evaluation and reports) required to successfully implement and evaluate the project outcomes.

7. Select, train and supervise outreach specialists for each county.
8. Shall develop the evaluation tool to monitor project outcomes. The provider must identify data sources needed to evaluate outcomes, summarize and evaluate data. The provider may utilize data from the WIC automated computer system or through the Pregnancy Nutrition Surveillance System (PNSS) to monitor outcomes such as the change in the trimester entry into WIC by pregnant women as well as the participation counts at the LA and the State level. The provider must ensure that all client information is kept confidential and in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations as well as Procedure 870 "Confidentiality of Participant Information" found in Attachment J.
9. Perform outreach efforts in a variety of settings as best meets the preferences of the physicians (i.e. office, conference room, teleconference, phone, video conferencing, small group setting).
10. Provide a comprehensive final project report that documents the project from start to finish. Must include final project outcomes, recommendations for future outreach efforts, lessons learned from the project for future outreach efforts, at least one master set of all documents and resources used in the project as well as all electronic files created to support the project and all deliverables including a brief PowerPoint presentation with a script for future presentations.
11. Shall perform all, end of contract evaluations.
12. Shall ensure that all outreach specialists with the POC contract complete a quarterly Nutrition Education and Breastfeeding Promotion and Support Expenditure Requirement as described in Procedure 500.1.1. See Attachment K for instructions and WIC Form. Completed forms must be forwarded to the Program Support Section Chief for review and distribution to the Administrative Support Section.

C. Management Requirements (Minimum and/or mandatory requirements)

1. Personnel

a) The provider for the POC shall meet the criteria as follows:

1) Have developed, implemented, monitored and evaluated a statewide health-related outreach campaign targeted to physicians and their staff, or a maternal child health population in Hawaii.
2) Have at least five (5) years of successful work experience serving a multi-ethnic prenatal population in Hawaii.

3) Have an existing infrastructure that can provide successful outreach efforts as well as training for health professionals and paraprofessionals.
4) Be able to provide the infrastructure to link WIC outreach coordinators or designees with physicians in the community who will make prenatal referrals to WIC, ideally within the first trimester.
5) Cite at least one (1) successful experience where the provider connected physicians with another health related agency to build a positive working relationship.
6) Demonstrate at least one (1) past performance that showed successful project management skills of a statewide intervention that accomplished all project goals and objectives within the required time frame and within the allotted budget.
7) Cite the provision of at least one (1) successful statewide health related intervention project that required a needs assessment, project design component, implementation, evaluation and a final written report to document the overall project.

b) The provider who meets the above POC criteria is responsible for providing all outreach specialist services for the project. The provider shall provide at least two (2) or more Honolulu Outreach Specialists who reside on Oahu and will ideally provide one (1) part time Outreach Specialist per remaining county or as funds allow. One (1) of the Honolulu Outreach Specialists may assume all POC project management duties as well as assist with the provision of direct services as needed at the discretion of the provider. Outreach specialists must:

1) Have a Bachelor's degree or higher in a health related field such as nursing, nutrition, maternal child health or health education.
2) Have excellent verbal and written communication skills in English.
3) Be culturally sensitive to Hawaii's diverse population.
4) Have a positive rapport with health care agencies or providers on their respective island. May be past or present experience.
5) Have successful marketing and/or public relation skills with health professionals.
6) Be able to work independently with minimal supervision.
7) Have excellent mentoring and training skills.
8) Have a current driver's license and access to a vehicle for work purposes.

9) Have basic computer skills.

c) Preference will be given to providers who:

1) Are multi-lingual (i.e. the ability to speak, read and/or write at least one (1) foreign language commonly used on their respective county). Additional points will be awarded for each additional foreign language.
2) Are knowledgeable of the prenatal health care providers in their community.
3) Have demonstrated marketing and/or public relation experience with physicians who serve prenatal clients.
4) Have a general knowledge of WIC services.

2. Administrative

The Provider is encouraged to attend at least two (2) of the monthly WIC nutritionists meetings as well as one (1) meeting with the Hawaii Chapter of the American College of Obstetricians and Gynecologists.

3. Quality assurance and evaluation specifications

The Provider is responsible for providing a quality assurance plan for the POC. Quarterly project updates of service activities shall be provided on progress to date including required tasks and how quality assurance efforts have or have not been met.

The evaluation of the project must be in writing with supporting documentation to justify findings and must address all project goals and objectives.

The following is an example of supporting documentation that might be used to justify a POC outcome. The number of women who entered WIC in the first trimester increased from XXX to XXX compared to 2002 PNSS data from Table 1A (Summary of Indicators by Clinic); Table 1B (Summary of Indicators by County) and Table 1C (Summary of Indicators by State).

4. Output and performance/outcome measurements

Provider will be evaluated on meeting short-term goals and service activities as required in the scope of service.

5. Reporting requirements for program and fiscal data

A monthly written progress report must be provided to the WIC Services Branch identifying services provided, type of service, number of contacts

made, problems encountered and possible solutions, update on project expenditures, project management, if time lines are met, any documents or resources drafted or finalized as well as general progress to date.

6. Pricing structure or pricing methodology to be used

Cost Reimbursement.

7. Units of service and unit rate

Not applicable.

Section 3
POS Proposal
Application Instructions

Section 3
POS Proposal Application Instructions

General instructions for completing applications:

- *POS Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the POS Proposal Application should be consecutive, beginning with page one and continuing through the complete proposal.*
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the POS Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are encouraged to take Section 4, Proposal Evaluation, into consideration when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO Website (for the website address see the Competitive POS Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The POS Proposal Application comprises the following sections:

- *Title Page*
- *Table of Contents*
- *Background and Summary*
- *Experience and Capability*
- *Personnel: Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide the State with a broad understanding of the entire proposal. Include a brief description of the applicants' organization, the goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need identified in the service specifications.

II. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services. The applicant shall also provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to the proposed services.

B. Quality Assurance and Evaluation

The applicant shall describe its quality assurance and evaluation plans for the proposed services, including methodology.

C. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

D. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services including communications, documentation, computer and phones. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

III. Personnel: Project Organization and Staffing

A. Proposed Staffing

Not applicable to the RFP.

B. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

C. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

D. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the "Organization-wide" and "Program" organization charts shall be attached to the POS Proposal Application.

IV. Service Delivery

The Service Delivery Section shall include a detailed discussion of the applicant's approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

V. Financial

A. Pricing Structure

Applicant's shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the POS Proposal Application.

1) Pricing Structure Based on Cost Reimbursement

All budget forms, instructions and samples are located on the SPO website (see the POS Proposal Application Checklist in Section 5 of this RFP). The following budget form(s) shall be submitted with the POS Proposal Application:

- SPO-H-205 Budget
- SPO-H-206A Budget Justification-Personnel-Salaries & Wages
- SPO-H-206B Budget Justification-Personnel: Payroll Taxes, Assessments & Fringe Benefits
- SPO-H-206C Budget Justification-Travel-Inter-Island

- SPO-H-206E Budget Justification-Contractual Services-Administrative
- SPO-H-206F Budget Justification-Contractual Services-Subcontracts
- SPO-H-206H Budget Justification-Program Activities
- SPO-H-206I Budget Justification-Equipment Purchases

B. Other Financial Related Materials

1) Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the POS Proposal Application (may be attached):

- Most recent financial audit.

2) Tax Clearance Certificate (Form A-6)

An original or certified copy of a current, valid tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) shall be submitted with the proposal by the due date and time. The two-part Tax Clearance Application (Form A-6) that combines DOTAX and IRS tax clearance shall be used for this purpose.

3) Certificate of Liability Insurance

A copy of a current valid Certificate of Liability Insurance issued by an insurance company in a combined amount of at least one million and no/100 dollars that is primary insurance for the State of Hawaii, the purchasing agency, their officers, employees and agents.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

Section 4
Proposal Evaluation

Section 4
Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of POS Proposal Application
- Phase 3 - Recommendation for Award

A. Evaluation Categories and Threshold

Evaluation Categories	**Required Points**	**Required + Possible Points**
Mandatory Requirements		**Pass or Rejected**
POS Proposal Application		**100 Points**
Background and Summary	10 Points	**10 Points**
Experience and Capability	20 Points	**20 Points**
- *preferential credit*		**2 Points**
Personnel: Project Organization and Staffing	10 Points	**10 Points**
- *preferential credit*		**1 Points**
Service Delivery	50 Points	**50 Points**
Financial	10 Points	**10 Points**
TOTAL POINTS	100 Points	**103 Points (Max possible)**

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

(1) Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)

(2) POS Proposal Application Requirements

- POS Application Title Page (Form SPO-H-200)
- Table of Contents
- Background and Summary
- Experience and Capability
- Personnel: Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of POS Proposal Application (100 Points)

(1) Background and Summary (10 Points)

- The applicant has demonstrated a thorough understanding of the purpose and scope of the service activity. *(3 points)*
- The goals and objectives are in alignment with the proposed service activity. *(3 points)*
- The applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity. *(4 points)*

(2) Experience and Capability (20 Points)

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

- Demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.
  a) Has developed and implemented a statewide health related outreach campaign in Hawaii. *(2 points)*
     1) Services in this campaign targeted to a low-income population, a maternal child health population, or physicians. *(preferred, 1 extra point)*
  b) Has at least five (5) years of successful work experience serving a multi-ethnic prenatal population in Hawaii. *(2 points)*
  c) Cites at least one (1) past experience that demonstrated the applicant's project management skills of a statewide

intervention that was completed on time and within the allotted budget. *(2 points)*

- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.
  a) Clearly described a sufficient, quality assurance plan to monitor, evaluate and document the proposed services. *(2 points)*
  b) Evaluation plan included the methodology used to support the evaluation process. *(2 points)*
  c) Evaluation plan included the development of an evaluation tool to monitor project outcomes. *(2 points)*
  d) Evaluation plan included data sources used to evaluate outcomes that provided adequate quantity and quality of data needed to measure outcomes. *(2 points)*
- Demonstrated capability to coordinate services with other agencies and resources in the community.
  a) Cited at least one (1) successful experience where physicians or their staff, were linked with another health-related agency to meet the needs of the patient. *(2 points)*
    1) This linkage produced a long term, positive working relationship between both health agencies. *(preferred, 1 extra point)*
- Adequacy of facilities relative to the proposed services.
  a) Described the adequacy of the facilities, including office equipment, to be used within the scope of services to accomplish project outcomes. *(2 points)*
  b) Explained how the provider will ensure that all services will be provided in accordance with the American Disabilities Act. *(1 point)*
  c) Explained how the facilities will comply with the need for privacy and/or confidentiality as relates to HIPAA regulations. *(1 point)*

(3) Personnel: Program Organization and Staffing (10 Points)

The State will evaluate the applicant's overall staffing approach to the service that shall include:

- That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
  a) The proposed staffing pattern for outreach specialist is adequate for each county's respective WIC staff and physician/staff. Ratio must include at least two (2) full time outreach specialists on Oahu and one (1) part time (.5 or less) per remaining county if funds allow. At least one

(1) of the full time outreach specialists may also function as a working supervisor/outreach specialist at the discretion of the provider. The supervisor shall oversee all project tasks and assignments as well as all written reports. *(2 points)*

1) The provider proposes to utilize other existing qualified staff to maximize outcomes and best utilize available resources. *(preferred, 1 point)*

- Minimum qualifications (including experience) for staff assigned to the program. *(3 points)*
  a) Outreach Specialist Requirements.
     1) Have a Bachelor's degree or higher in a health related field such as nursing, nutrition, maternal child health or health education. *(.375 points)*
     2) Have excellent verbal and written communication skill in English including basic computer skills. *(.375 points)*
     3) Be culturally sensitive to Hawaii's diverse population. *(.375 points)*
     4) Have a positive rapport with health care agencies or providers on their respective island. May be past or present experience. *(.375 points)*
     5) Have successful marketing and/or public relation skills with health professionals. *(.375 points)*
     6) Be able to work independently with minimal supervision. *(.375 points)*
     7) Have excellent mentoring and training skills. *(.375 points)*
     8) Have a current driver's license and access to a vehicle for work purposes. *(.375 points)*

- Demonstrated ability to supervise, train, and provide administrative direction to staff relative to the delivery of the proposed services. *(2 points)*
  a) Describes how the existing infrastructure associated with the provider can be used to compliment the POC service activities. *(2 points)*
- Organization Chart (Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks). *(1 point)*
  a) Describe how the existing infrastructure associated with the provider can be used to compliment the POC service activities.

(4) Service Delivery (50 Points)

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the POS Proposal Application.

The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

a) The proposed service delivery methods are appropriate to meet the objectives and goals as indicated in the scope of work. *(5 points)*
b) The services are comprehensive. *(4 points)*
c) The services can be provided by an entity which has an infrastructure that compliments or lends it self to POC outcomes. *(5 points)*
d) The proposal clearly describes the services rendered to the WIC staff and the physicians and their staff in relations to service objectives and outcomes. *(5 points)*
e) The provider has a quality assurance plan in place that includes the methods used for data collection and reporting. *(5 points)*
f) The provider's plan to develop positive, long-term relationships between physicians and their staff with WIC is clear and realistic. *(5 points)*
g) There is a plan to ensure that at least 80% of all targeted physicians were contacted through the efforts of the POC. *(5 points)*
h) The provider clearly identifies all required deliverables including but not limited to:
    1) Monthly written progress reports. *(2 points)*
    2) Adequate outreach specialist staffing per county *(2 points)*
    3) List of targeted physicians and their staff. *(2 points)*
    4) Determination of outreach needs. *(2 points)*
    5) Identifies barriers to outreach efforts and/or referrals to WIC. *(2 points)*
    6) Data tracking system. *(2 points)*
    7) Outreach information packets. *(2 points)*
    8) WIC staff training. *(2 points)*

(5) Financial (10 Points)

Pricing Structure based on Cost Reimbursement.

a) The applicant organization has sound financial policies in place and can execute funds appropriately. *(3 points)*

b) Personnel costs are reasonable and comparable to positions in the community. *(2 points)*
c) Non-personnel costs are reasonable and adequately justified. *(2 points)*
d) The budget provided supports the scope of service and requirements of the RFP. *(3 points)*

Tax Clearance Certificate (Form A-6)

An original or certified copy of a current, valid tax clearance certificate issued by the Hawaii State DOTAX and the IRS is required.

IV. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5
Attachments

Section 5
Attachments

Attachment	Document
A	Competitive POS Application Checklist
B	POS Proposal Application - Sample Table of Contents
C	Federal Certifications
D	WIC Local Agencies Listing
E	Outreach Procedures
F	Local Agency Outreach Coordinator Procedures
G	Twenty Years of WIC
H	Non Discrimination Policy Statement and New Civil Rights Posters
I	Civil Rights Statement on Printed Materials
J	Confidentiality of Participant Information
K	Nutrition Education and Breastfeeding Promotion and Support Expenditure Requirement

Attachment A

Competitive POS Application Checklist

Competitive POS Application Checklist

Applicant: _____ RFP No.: 165-4

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the POS Proposal Application. *SPO-H Forms are located on the web at http://www.spo.hawaii.gov Click on *Procurement of Health and Human Services* and then on *Procurement Forms & Instruction for Private Agencies*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
1. POS Proposal Application Title Page (SPO-H-200)	**Section 1, RFP**	**SPO Website***	**X**	
2. Competitive POS Application Checklist	**Section 1, RFP**	**Attachment A**	**X**	
3. Table of Contents	**Section 5, RFP**	**Section 5, RFP**	**X**	
4. POS Proposal Application (SPO-H-200A)	**Section 3, RFP**	**SPO Website***	**X**	
5. Registration Form (SPO-H-100A)	**Section 1, RFP**	**SPO Website***	**(Required if not Pre-Registered)**	
6. Tax Clearance Certificate (Form A-6)	**Section 1, RFP**	**SPO Website***	**X**	
7. Cost Proposal (Budget)				
SPO-H-205	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-205A	**Section 3, RFP**	**SPO Website***		
SPO-H-205B	**Section 3, RFP**	**SPO Website***		
SPO-H-206A	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206B	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206C	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206D	**Section 3, RFP**	**SPO Website***		
SPO-H-206E	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206F	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206G	**Section 3, RFP**	**SPO Website***		
SPO-H-206H	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206I	**Section 3, RFP**	**SPO Website***	**X**	
SPO-H-206J	**Section 3, RFP**	**SPO Website***		
Certifications:				
8. Federal Certifications	**Section 5, RFP**	**Attachment C**	**X**	
Debarment & Suspension	**Section 5, RFP**	**Attachment C**	**X**	
Drug Free Workplace Requirements	**Section 5, RFP**	**Attachment C**	**X**	
Lobbying	**Section 5, RFP**	**Attachment C**	**X**	
Program Fraud Civil Remedies Act	**Section 5, RFP**	**Attachment C**	**X**	
Environmental Tobacco Smoke	**Section 5, RFP**	**Attachment C**	**X**	
Program Specific Requirements:				
9.				
10.				

_____ _____
Authorized Signature Date

Attachment B

Sample Table of Contents for The POS Proposal Application

Organization: _____
RFP No: 165-4

POS Proposal Application
Table of Contents

Attachment C

Federal Certifications

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why, should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntray Exclusion-Lower Tier Covered Transactions” in all lower tier covered transactions (i.e., transactions with sub-grantees and /or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

_____
Organization Name

_____
Name and Title of Authorized Representative

_____ _____
Signature Date

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--
   (1) The dangers of drug abuse in the workplace;
   (2) The grantee's policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is son convicted--
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Division of Grants Policy and Oversight
Office of Management and Acquisition
Department of Health and Human Services, Room 517-D
200 Independence Avenue, S.W.
Washington, D.C. 20201

_____
Organization Name

_____
Name and Title of Authorized Representative

_____ _____
Signature Date

CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject top a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Organization Name

Name and Title of Authorized Representative

Signature

Date

CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herin are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any flase, fictitious, or fraudulent statemenst or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

_____

Organization Name

_____

Name and Title of Authorized Representative

_____ _____

Signature Date

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C- Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this document the applicant/grantee certifies that it will comply with the requirements of the Act. The applicant/grantee further agrees that it will require the language of this certification be included in any sub awards, which sub grantees shall certify accordingly.

_____

Organization

_____

Authorized Signature Date

_____

Title

Attachment D

WIC Local Agency Listing

Hawaii WIC Services Branch OAHU: 586-8175
NEIGHBOR ISLANDS Toll Free Number: 1-888-820-6425

Women, Infants and Children (WIC) State and Local Agency List

www.hawaiiwic.com

State Agency

DOH WIC Services Branch
Leiopapa A Kamehameha Bldg.
235 S. Beretania St., Suite 701
Honolulu, HI 96813-2419
Phone: (808) 586-8080
Fax: (808) 586-8189
Contact: Iris Takahashi

Oahu

1. Honolulu WIC Program
Ala Moana Health Center
591 Ala Moana Blvd., 2nd Floor
Honolulu, HI 96813
Phone: (808) 586-4761
Fax: (808) 586-8013
Contact: Barbara Osborn

2. Kalihi Palama WIC Program
888 North King St. Ste. 4 & 5
Honolulu, HI 96817
Phone: (808) 841-0011
Fax: (808) 842-1002
Contact: Joda Derrickson

3. Kapiolani WIC Program
Kapiolani Medical Health Center
1319 Punahou St., Bingham Bldg.,
Room 200
Honolulu, HI 96826
Phone: (808) 983-8531
Fax: (808) 983-6177
Contact: Darcey Tsukamoto

4. Kokua Kalihi Valley WIC Program
Kokua Kalihi Valley Health Center
2239 N. School St.
Honolulu, HI 96819
Phone: (808) 848-0976
Fax: (808) 847-1144
Contact: Patsy Uehara

5. Leeward WIC Program
Waipahu Civic Center
94-275 Mokuola St., Room 101A
Waipahu, HI 96797
Phone: (808) 675-0365
Fax: (808) 675-0371
Contact: Jean Kanda

6. Wahiawa WIC Program
830 California Ave., Bldg. 2
Wahiawa, HI 96786
Phone: (808) 622-6458
Fax: (808) 622-6460
Contact: Lorilyn Salamanca

7. Waianae Coast Comprehensive
Health Center WIC Program
86-260 Farrington Hwy.
Waianae, HI 96792
Phone: (808) 696-5561
Fax: (808) 696-1533
Contact: Pua Kaiwi

8. Windward WIC Program
Windward Comprehensive Health Center
45-691 Keaahala Rd.
Kaneohe, HI 96744-3569
Phone: (808) 233-5470
Fax: (808) 233-5482
Contact: Jessica Chu

9. Waimanalo WIC Program
41-1347 Kalanianaole Hwy.
Waimanalo, HI 96795
Phone: (808) 259-7948 x152 or 143
Fax: (808) 259-0335
Contact: Lisa Burns

Maui

10. Comm. Clinic of Maui WIC Program
48 Lono Ave. (mail) / 52 Lono Ave. (street)
Kahului, HI 96732
Phone: (808) 872-4034
Fax: (808) 872-4072
Contact: Shawni Mendoza

11. Maui WIC Program
781 Kolu St., Room A-1
Wailuku, HI 96793
Phone: (808) 984-8225/8226
Fax: (808) 984-8228
Contact: Marcy Maeda

Molokai

12. Molokai WIC Program
P.O. Box 2050
Kaunakakai, HI 96748
Phone: (808) 553-3208
Fax: (808) 553-9859
Contact: Lana Turner

Lanai

13. Lanai WIC Program
Lanai Community Hospital
628 Seventh Street
P.O. Box 630650
Lanai City, HI 96764
Phone: (808) 565-6411
Fax: (808) 565-6887
Contact: Mary Catiel

Kauai

14. Kauai WIC Program
Lihue Town Center
3-3122 Kuhio Hwy, Suite A17
Lihue, HI 96766
Phone: (808) 241-3080
Fax: (808) 241-3084
Contact: Jennie Valencia

Hawaii

15. Bay Clinic WIC Program
Pahoa Family Health Center
15-2868 Government Rd.
Pahoa, HI 96778
Phone: (808) 965-3030
Fax: (808) 965-6240
Contact: Stacy Antone Haumea

16. Hawaii WIC Program
Waiakea Kai Plaza
88 Kanoelehua Ave. Ste 201
Hilo, HI 96720
Phone: (808) 974-4270
Fax: (808) 974-4275

17. Kona WIC Program
Kealakekua Business Plaza
81-980 Halekii St, Ste. 103
Kealakekua, HI 96750
Phone: (808) 322-4888
Fax: (808) 322-4886
Contact: Nancy Roberts

Attachment E

Outreach Procedures

NUMBER: 740

SUBJECT: Outreach

PURPOSE:
The State Agency (SA) issues a standard set of outreach materials for use by all local agencies (LAs). The SA reviews and approves any outreach materials developed by LAs.

Each LA must identify outreach plans to inform eligible persons of the availability of Program benefits, including the eligibility criteria for participation, the location of local agencies operating the Program, with emphasis on reaching and enrolling eligible women in the early months of pregnancy and migrants.

Such information is publicly announced at least annually. This information is also distributed to offices and organizations that deal with significant numbers of potentially eligible persons, including:

- health and medical organizations
- hospitals and clinics
- welfare and unemployment offices
- social service agencies
- organizations and agencies serving the homeless
- religious and community organizations in low-income areas
- vendors
- schools

Outreach is a very important area of focus for Hawaii WIC. An aggressive, on-going plan should be in place at each LA with emphasis being placed on developing and maintaining a strong referral relationship with a core group of key "referral agents". This is the heart of an effective sustainable outreach strategy as is demonstrated by the Outreach Pyramid handout. This philosophy should be shared with all WIC staff to ensure that a consistent outreach effort is made which should produce more consistent results from referral agents. Outreach efforts should be planned and on-going to achieve LA's assigned caseload.

REFERENCE(S):
7 CFR 247

ATTACHED FORM(S):
Hawaii WIC Outreach/Caseload Management Action Plan with survey, WIC Form CM 743

ATTACHED DOCUMENT(S):
Outreach Pyramid Handout

SUPPORTING FORM(S):

See Hawaii WIC Nutrition Education Resource Binder for a sample of all forms listed below.

- Referral Guide to WIC in Hawaii: We Welcome Your Referrals, WIC Form CM 741
- WIC Bookmark, WIC Form CM 742
- Raise a Healthy Family with WIC, Poster (listed on WIC Form NS 205)
- Raise a Healthy Family with WIC Brochure, WIC Form CM 740 – English
- Raise a Healthy Family with WIC Brochure in Foreign Languages as listed below are in progress and are Not Available as of 10/01/2002. They will be added to the Nutrition Education Resource Binder once they are finalized. The following languages are being created: WIC Form CM 740C-Chinese,

WIC Form CM 740V-Vietnamese, WIC Form CM 740I-Ilocano, WIC Form CM 740M-Marshallese, and WIC Form CM 740S-Spanish.

SUPPORTING DOCUMENT(S):
Hawaii WIC Referral Guidelines, see Procedure 802.1
Local Agency Quarterly Report, WIC Form MA 1002, see Procedure 1020

PROCEDURE(S):
Outreach Plan

1. Each LA shall develop a yearly outreach plan to be submitted by the Local Agency Outreach Coordinator (LAOC) who is the Local Agency Coordinator by the second Friday in November. The Plan shall be submitted to the SA Outreach Coordinator for review and approval. Responses from the Outreach Coordinator are due to the LA within 60 days of receipt. The annual LA Outreach Plan is effective for a period of one calendar year (January to December of the upcoming year).
2. The plan shall include at least two designated referral agents that the LA will develop a working relationship with to promote WIC referrals. It shall also include at least two distinct outreach activities per quarter with priority to activities linked with programs or agencies associated with the Benefit, Employment and Support Services Division (Food Stamps, TANF, CHIP, unemployment, Medicaid, QUEST, and Foster Care); community health centers, homeless shelters and the general medical community.
3. The LAOC may share feedback on their outreach activities through the LA Quarterly Report.

Outreach Resources

1. The LA will maintain an adequate supply of outreach brochures using the Nutrition Education order form provided by the State Agency. Master copies of foreign language outreach brochures are being developed and will be provided to the LA for duplication as needed. Master copies of the foreign language brochures should be filed in the Hawaii WIC Nutrition Education Resource Binder.
2. WIC Bookmarks are also available upon request using the Nutrition Education/Incentive Order Form, WIC Form NS 205. A sample is on display within the Hawaii WIC Nutrition Education Resource Binder.
3. Special outreach training resources are available upon request by contacting the Nutrition Education Coordinator, which includes a 13 minute, continuous loop, WIC Outreach Infomercial video, the WIC Outreach Power Point Presentation on CD Rom, and the Hawaii WIC Informational Packets for the Professional. These resources maybe used with potential referral agents to increase their interest and knowledge of the Hawaii WIC Program.
4. The Referral Guide to WIC in Hawaii: We Welcome Your Referrals Brochure, WIC Form CM 741 is designed to introduce the potential referring agent to WIC and is frequently used for outreach presentations.
5. If the referral agent wants a brief, concise guideline on how to make a referral, then the LA may reproduce the Hawaii WIC Referral Guide as provided in Procedure 802.1 for distribution to potential referring agency or providers. It is not available through the State Agency. It advises the referring agent on how to make a referral without the need for special forms. This may be easier for the referring agent and just as efficient for WIC.

Attachment F

Local Agency Outreach Coordinator Procedures

NUMBER: 740.1

SUBJECT: Local Agency Outreach Coordinator

PURPOSE:
Each Local Agency Coordinator (LAC) will be designated as the Local Agency Outreach Coordinator (LAOC) responsible for overseeing the planning, coordination, implementation and evaluation of LA outreach activities. This ensures that outreach activities will be ongoing throughout the state and also leverages the outreach efforts initiated at the State Agency (SA), thereby supporting the broader goal of enrolling and serving as many individuals in Hawaii who are eligible for WIC services.

REFERENCE(S):
7 CFR 746.6(f)
7 CFR 246.7(n)(iii)(2)

PROCEDURE(S):
The LAOC will cooperate and coordinate with the State Outreach Coordinator (Program Support Services) in devising outreach activities, as well as asking for support (ideas, materials), and by sharing outreach ideas and successes. The LAOC will be responsible for implementing a minimum of two distinct outreach activities per quarter, with **priority** going to those activities directed at targets listed in A(1) and B below.

I. RESPONSIBILITIES: The responsibilities required for effective outreach present a staff development opportunity. The LAOC may use his/her judgment in assigning any of the following outreach responsibilities and tasks to individual LA staff. The LAOC should consider staff suitability for various responsibilities and tasks, including the staff person's interest, initiative, appropriate degree of professionalism for the presentation and intended audience, and skills related to the task. The LAOC will maintain overall responsibility for the coordinated effort. Responsibilities of the LAOC include, but are not limited to:

II. Reaching potential clients by building and maintaining a public health network referral base within the geographic area of the permanent LA clinic and any satellite clinics.

- One-to-one contact, making presentations, and supplying WIC materials by way of in-person delivery, are the preferred methods for maintaining referral relationships.
- Periodic telephone contact is also useful to sustaining the personal nature of the referral relationship while at the same time, one can request referrals or to thank for continued referrals, or check on the need to restock WIC materials.

A. Programs or agencies to target may include:

1. Benefit, Employment and Support Services Division - Unit Supervisors (Food Stamps, TANF, CHIP, unemployment); Medicaid/QUEST offices and Foster Care.
2. Community health centers
3. Homeless shelters - This outreach target is strongly encouraged to maximize federal regulations and is to be a part of LA outreach activities. LAs will be advised of the homeless shelters to which they'll be assigned

for the purpose of outreach initiatives.

a) Each LA will have WIC staff make presentations to homeless agency staff and residents.

b) Establish a WIC referral system between the local agency and community homeless shelters and/or arrange periodic pre-enrollment on-site (at the shelter).

c) Have staff from homeless shelters attend WIC meetings to provide in-service to WIC staff.

4. Other health programs and agencies relating to mothers and young children that is geographically close to the LA Agency or satellite clinic(s). For ideas and examples, refer to NSP, Part IV, Section 1: Coordination of WIC Services with Available Community Services.

B. Promote a new awareness of the WIC Program among medical professionals in your neighboring community by contacting them one-to-one, making presentations and supplying WIC referral forms and other materials.
   1. Provide WIC materials to office staff for obstetricians, pediatricians and family practitioners.
   2. Network and provide materials to pregnancy testing and servicing centers, birthing centers, midwives, childbirth classes, and women's health centers.
   3. Make presentations to local professional organizations for physicians, nurses, nutritionists, and midwives.

C. Interest the community in the value of WIC in your neighboring community. Promote the program in community arenas by:
   1. Placing WIC information in the student health centers which serve as health care providers for students and families.
   2. Contacting the financial aid officer of local community colleges and/or universities, which provide funding for low-income students.
   3. Among nearby institutions (e.g., medical assistant programs, nursing programs), request time for a presentation to familiarize students about the program and/or provide WIC materials.
   4. Provide WIC materials to local day centers, Head Start Programs, high school GRADS counselors/coordinators, school nurses and vocational and adult education programs.
   5. Provide WIC and materials and work on joint outreach projects with nearby churches, public housing projects, military bases and non-profit organizations.
   6. Participate in local health fairs, especially those aimed at pregnant women and/or new parents.
   7. Establish referral systems with other nearby entities. For ideas and examples, refer to NSP, Part IV, Section 1: Coordination of WIC Services with Available Community Services and/or the State Plan, Section 8, Certification & Eligibility Section, Procedure Number 802.

III. The LAOC will maintain timely, ongoing records of contacts made and activities conducted. (A centralized, electronic reporting system is forthcoming.)

IV. The LAOC will highlight an activity quarterly in the LA's quarterly reports.

Attachment G

Twenty Years of WIC

Twenty years of WIC: A review of some effects of the program

ANITA L. OWEN, MA, RD; GEORGE M. OWEN, MD

ABSTRACT

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) began in 1974 after a 2-year pilot program. WIC links food assistance and nutrition education to health care for at-risk persons. The program had approximately 344,000 participants in 1975 and has grown to provide services to nearly 6 million participants. Infants born to women who participate in WIC during pregnancy tend to have a slightly higher mean birth weight than those born to women who were eligible but did not participate in WIC. Higher birth weight has been associated with a slightly higher mean gestational age. The prevalence of low birth weight and very low birth weight among infants and the prevalence of iron deficiency anemia among toddlers and preschool children is lower for those participating in WIC than for those not participating in WIC. *J Am Diet Assoc. 1997;97:777-782.*

The purpose of this article is to provide an overview of some of the effects the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has had on participants. The first two sections outline briefly the history of WIC, the program design, and services provided. The third section summarizes a number of studies of WIC carried out during the first 15 years (1975 to 1990) of its full operation. The last section discusses some of the effects of the program and comments on future considerations.

HISTORY OF WIC

Enabling Legislation

The US Congress legislated WIC in 1972. Under the auspices of the US Department of Agriculture (USDA), WIC began as a 2-year pilot program linking health care to food assistance for pregnant women, nursing mothers, infants, and preschool children who were considered to be at health risk because of inadequate nutrition and low income. Legislative and regulatory highlights are summarized in Table 1.

Growth of the Program

In fiscal year (FY) 1975, funding for WIC was approximately $83 million. Funding totaled $1.4 billion by FY 1984, and $3.2 billion by 1995. Between FY 1975 and FY 1995, the number of participants increased from 344,000 to approximately 6 million, but has remained fairly stable since the early 1990s. It was estimated that the proportion of income-eligible women participating in WIC increased from 3% in 1972 to nearly 40% in 1980 (1). This proportion increased to approximately 50% in 1991 (2). The number of pregnant women participating in WIC has essentially tripled during the past 15 years.

A. L. Owen (corresponding author) and G. M. Owen are with Owen & Owen, Ltd, 24216 N 82nd Pl, Scottsdale, AZ 85255-2811.

Attachment "G"

Table 1
Legislative and regulatory highlights of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Date	Regulation	Description
1972	Pub L No. 92-433	WIC, originally called the Special Supplemental Food Program for Women, Infants, and Children, initially begins as a 2-year pilot program.
1973	Initial regulations	Required local clinics to apply for WIC grants through state health departments. Food and Nutrition Service of the US Department of Agriculture delineated requirements for individual client participation.
1976	Pub L No. 94-105	Liberalized eligibility requirements for postpartum women and raised age limits for children to 5 years.
1978	Pub L No. 95-625	Specified that eligibility should include evidence of nutrition risk in addition to low income. Also, required that nutrition education be provided to all adult clients and that state agencies provide training for staff who conduct nutrition education.
1988	Hunger Prevention	This act mandated WIC services for homeless women, infants, and children.
1994	Pub L No. 103-488	Changed name to Special Supplemental Nutrition Program for Women, Infants, and Children. Also, provided option to states to immediately certify income-eligible pregnant women for participation, pending full determination of nutrition risk within 60 days.
1995	Final Rules	Stipulated homelessness and migrancy as risk factors.

WIC DESIGN

Low income (poverty) predisposes at-risk women, infants, and children to inadequate diets and inadequate health care, and therefore, to poor nutrition and poor health status. In 1993, 15% of the US population and nearly 23% of children (<18 years old) were in families with income below the federal poverty line (3).

The number of pregnant women participating in WIC has essentially tripled during the past 15 years

The evidence linking poverty with nutritional risk for women is based on the relationship between poverty and poor perinatal outcomes. Rates of low birth weight among black and white infants are inversely associated with median family income (4). Data from the National Longitudinal Survey of Youth confirm that there is a higher risk of low birth weight among infants born to poor women (5). Evidence also suggests that infants born to poor women who were low birth weight themselves have a lower mean birth weight (6). Wang et al (7) showed that women who were low birth weight themselves and have previously delivered a low-birth-weight infant are at particularly high risk for having another low-birth-weight infant and experiencing shortened gestation (<37 weeks). Intrauterine growth retardation is also more likely to occur among this group (7). In general, these women are likely to be low income (eg, teenagers, less well-educated), have lower prepregnancy weight, and smoke during pregnancy. It is also likely that prenatal weight gain may be less than recommended (8).

A number of surveys carried out in the 1960s and 1970s showed that young children from low-income families were smaller (height and weight) than children from higher-income families (9,10). During the same period, the prevalence of anemia (mostly iron deficiency) was estimated at 20% to 30% among poor 1- to 3-year-old toddlers (11,12).

Nutrition Risk Criteria

In order to most effectively target the available resources, those persons eligible for participation in WIC on the basis of income are screened using nutritional risk criteria (see Table 2). The nutritional risk criteria used in WIC serve as indicators of nutrition and health risk and as indicators of nutrition and health benefit.

Eligibility Priority System

A WIC priority system was established in 1980 to identify those considered to be at greatest risk and those most likely to benefit from WIC services. The current priority system is shown in Table 3.

Services Provided

WIC serves as an adjunct to health care to prevent occurrence of nutrition and health problems and to improve the nutritional and health status of participants by providing supplemental foods, nutrition education, and referrals to health care and social service providers and systems.

Supplemental foods By law, at least 75% of WIC funds must be spent on supplemental foods. These foods are generally obtained in retail stores with vouchers or checks issued by the local WIC clinic or agency. Foods that can be purchased with WIC funds are identified for six categories of participants: infants from birth to age 3 months, infants aged 4 to 12 months, women and children with special dietary needs, children aged 1 to 5 years, pregnant or lactating women, and nonlactating postpartum women. Foods include iron-fortified infant formula, milk and cheese, eggs, iron-fortified cereals, fruit or vegetable juices rich in vitamin C, and dried peas or beans and peanut butter. These foods contain nutrients often lacking in diets of low-income families (eg, protein, vitamin A, vitamin C, calcium, and iron).

Nutrition education Local WIC agencies must spend one sixth of their administrative funds on nutrition education and counseling. At least two nutrition education sessions, individual or group, must be provided in each 6-month certification period. Education should improve knowledge about the relationship between diet, nutrition, and health during pregnancy, infancy, and early childhood. Promotion of successful lactation

Table 2
Nutrition risk criteria for the Special Supplemental Nutrition Program for Women, Infants, and Children

As determined by:	Risk factor
Laboratory tests	Anemia, lead poisoning, human immunodeficiency virus infection
Anthropometry	Underweight, overweight (obesity), abnormal patterns of weight gain during pregnancy, failure to thrive, stunting, underweight and obesity during infancy and early childhood
Nutrition-related medical conditions	Clinical signs of nutritional disorders, metabolic disorders, preeclampsia/eclampsia
High-risk pregnancies	Adolescence; substance abuse (drugs, alcohol, smoking); history of neonatal loss, prematurity, low birth weight, or congenital malformations
Dietary deficiencies/inadequate nutrition	Gastrointestinal disorders, chronic or recurrent infection, renal disease, cardiorespiratory disorders, severe burns/trauma

and breast-feeding is an integral component of WIC nutrition education efforts.

Health care/social service To qualify as a WIC provider, a local agency or clinic must demonstrate that health care and social services are available and accessible. Local WIC clinics/agencies must advise clients about types and location of available health care and social service facilities. These are necessary to provide preventive and curative health care; substance abuse counseling and treatment; and support in areas of food security, income, and housing.

SOME EFFECTS OF WIC PARTICIPATION

Most studies of the effects of WIC participation have examined birth weight, anemia (hemoglobin and/or hematocrit level), anthropometric variables (weight and, for infants and children, length/height). Too few studies have looked at dietary intakes (energy, protein, iron, vitamin A, and vitamin C), health care supervision (eg, immunization rates), performance (vocabulary, memory), and behavior of children to examine the influence of WIC on these variables. In this review, we focus on the effect of WIC participation on birth weight, growth of children, and prevalence of anemia.

Birth Weight

Kennedy et al (13) examined, retrospectively, the effect of maternal participation in the Massachusetts WIC on birth weight. The primary comparison or control group consisted of women who had applied for WIC but who were not certified because the program had no openings or were postpartum when certified. The WIC and non-WIC groups were comparable with respect to age, parity, number of prior premature infants, number of prior miscarriages, number of prior low-birth-weight infants, prepregnancy weight, income, family size, and number of living children.

Mean birth weight (3,236 g) of 897 infants born to WIC participants was significantly higher ($P<.001$) than that (3,117 g) of 400 infants born to non-WIC mothers. Birth weights of infants increased according to duration of maternal participation (measured by number of monthly vouchers received) in WIC (ie, those whose mothers received between one and three vouchers [N=380] had a mean birth weight of 3,217 g compared with a mean birth weight of 3,337 g of infants whose mothers received between seven and nine vouchers). In a matched sample, the incidence of low birth weight (<2,500 g) was significantly ($P=.028$)lower in the WIC group (7.3%) than in the non-WIC group (12.5%).

In a comprehensive study of birth data gathered between 1972 and 1981 from 19 states and the District of Columbia, Rush et al (14) concluded that WIC participation during pregnancy was significantly associated with longer duration of gestation (+0.2 week), higher birth weight (+23 g) and lower frequency of preterm delivery (–0.92%).

To examine the effects of interpregnancy feeding on birth weight, Caan et al (15) studied two groups of women in California. All of the women studied participated in WIC during their first pregnancy and none breast-fed their first infant. The study group consisted of women (N=335) who continued to receive WIC benefits 5 to 7 months after the first pregnancy, became pregnant again within 27 months, and received WIC benefits prenatally during the second pregnancy. The control group consisted of women (n=307) who received the same prenatal WIC benefits during both pregnancies, and had the same interpregnancy interval (<28 months). However, the control groups received postpartum benefits for only 1 to 2 months after the first pregnancy. Although there were no significant differences between the two groups with respect to sociodemographic factors or reproductive histories, the groups were different with respect to race/ethnicity, maternal pregravid weight for height, parity, birth weight of first child, and the interval between birth of the first and second children. When these factors were simultaneously adjusted for in multiple regression analyses, extended postpartum participation (5 to 7 months) was associated with a significant positive effect (+131 g) on birth weight. When birth weight was corrected for gestational age, the difference (+120 g) between the two groups was still significant ($P<.003$).

Available evidence indicates that the prevalence of low birth weight and very low birth weight among infants born to women participating in WIC has decreased significantly

Among 7,628 Missouri Medicaid records matched with birth records, there were 1,883 participants in WIC; the balance (n=5,745) did not participate in WIC (16). Although the mean birth weight of WIC infants was only 6 g more than that of non-

Table 3
Eligibility priority system for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)[a]

Priority	Description
1	Pregnant and lactating women and infants at nutritional risk as demonstrated by anthropometric or biochemical assessment or by other documented nutritionally related medical condition.
2	Infants up to 6 months old whose mothers participated in WIC during pregnancy or who would have been eligible to participate under priority I. This priority may also be assigned to a lactating mother of an infant who is classified as priority II.
3	Children at nutritional risk, as demonstrated by anthropometric or biochemical assessment of some other documented medical condition. At the state's option, this priority can also include high-risk postpartum women.
4	Pregnant and lactating women and infants at nutritional risk as demonstrated by inadequate dietary pattern. At the state's option, this priority can also include high-risk postpartum women or pregnant or lactating women and infants who are at nutritional risk solely because of homelessness or migrancy.
5	Children at nutritional risk because of inadequate dietary pattern. At the state's option, this priority can also include high-risk postpartum women or children who are at nutritional risk solely because of homelessness or migrancy.
6	Nonlactating, postpartum women at nutritional risk on the basis of medical or dietary criteria, unless they are assigned to higher priorities at the state's discretion; or solely at nutritional risk because of homelessness or migrancy.
7	Persons certified for WIC solely because of homelessness or migrancy and, at the state agency option, previously certified participants whose nutritional status is likely to regress without continued provision of supplemental foods.

[a]WIC Program—certification: nutrition risk/participant priority system. *Federal Register*. April 19, 1995;60(75):19487-19491.

WIC infants, only 10.7% of WIC infants weighed less than 2,500 g at birth, compared with 12.6% of non-WIC infants. As Kennedy et al (13) also showed, as expenditure for WIC-funded food increased for individual women (ie, longer participation in WIC), mean birth weight appeared to increase and low-birth-weight rates decreased (see Table 4). This indicates that women who enter WIC early in pregnancy and remain in the program throughout pregnancy derive greater benefit than those who enter WIC late in pregnancy or drop out before parturition.

In a subsequent study of births in Missouri (17), prenatal participation in WIC for more than 6 months was associated with an increase of +81 g in mean birth weight and a 30% decrease in low birth weight among blacks (n=356) and an increase in mean birth weight of +33 g and an 11% decrease in low birth weight among whites (n=903).

Growth of Infants and Children

In one of the earliest studies involving substantial numbers of infants and children, Edozien et al (18) concluded that participation in WIC was associated with an acceleration of growth in weight and length/height. The data set consisted of 9,143 infants and children who had initial and 6-month follow-up visits and 5,209 infants/children who had initial and 11-month follow-up visits. Children of the same age who were newly enrolled in WIC served as control subjects for WIC participants who were followed up over time (see Table 5). The possibility exists that the control subjects (newly enrolled children) were not sociodemographically comparable to the children participating in WIC.

The majority of studies that involved follow-up of WIC children compared current weight values to their own earlier weight values or to weight of children of the same chronologic age who just entered the WIC program and, thus, probably demonstrate, at least in part, regression to the mean. This makes it difficult to conclude exactly to what extent participation in WIC has affected the growth of young children. However, when preschool children of women who had participated in a longitudinal study of pregnant women (19) were used as control subjects, statistically significant increases were demonstrated in stature of infants and children who participated in WIC prenatally or by postnatal age 3 months, once differences in birth weight were taken into account (20).

Anemia

Maternal Anemia (hemoglobin <110 g/L[1] or hematocrit <0.33[2]) is present in 20% to 40% of all pregnant women (21). A substantial proportion of anemia during pregnancy occurs because of physiologic expansion of plasma volume. Normally, hemoglobin concentration decreases about 20 g/L, reaching its lowest level in the second trimester, and then returns to near prepregnancy levels by term. In 1990, the Pregnancy Nutrition Surveillance System reported a prevalence of iron-deficiency anemia (defined as hemoglobin <110 g/L) of 10%, 14%, and 33% in the first, second, and third trimesters of pregnancy, respectively, for low-income women (22,23).

Prenatal iron supplementation can improve maternal hematologic indicators but controlled clinical trials have failed to demonstrate that routine iron supplementation or changes in

[1]To convert g/L hemoglobin to g/dL, multiply g/L by 0.1. To convert g/dL hemoglobin to g/L, multiply g/dL by 10.

[2]To convert hematocrit from SI units to traditional units, multiply by 100. To convert hematocrit from traditional units to SI units, multiply by .01.

hematologic indexes result in improved clinical outcomes for mothers or their newborn infants (21).

Infants and children There is no evidence that neonatal iron status is correlated with maternal iron status. Factors other than iron status of the mother, prenatal or postpartum (in the case of breast-fed infants), appear to account for the iron status of infants, both in the neonatal period and during the first several months of life.

In an analysis of hemoglobin and hematocrit data for children participating in WIC, Yip et al (12) found that 13% of 6- to 23-month-old children and 29% of 24- to 47-month-old children were anemic (hemoglobin <110 g/L or hematocrit <0.33) on their initial visit. At the first follow-up visit the proportion had dropped to 5% and 14%, respectively, for the two age groups. The figures showed further decreases to 4% and 11%, respectively, at the second follow-up.

Among children between 12 and 47 months old, Edozien et al (18) found a substantial prevalence of anemia (hemoglobin <110 g/L) among low-income infants and preschool children and a significant decrease in prevalence of anemia after participating in WIC for 6 to 11 months. Most of the effect was demonstrated after 6 months. Between 1,000 and 3,000 children were involved in these studies.

The planners and developers of WIC had the wisdom to combine the food supplementation and nutrition education components of WIC with health care supervision and access to social services

Although the problem of regression to the mean is of concern in these two studies (12,18), the continued improvement between the first and second follow-up determinations represents benefit from WIC.

The prevalence of anemia was lower in a large population of low-income preschool children in 1985 than in 1975 (12). Most of the data were from WIC populations in Arizona, Kentucky, Montana, Oregon, and Tennessee as well as the Early Periodic Screening, Diagnosis and Treatment program in Louisiana.

Similarly, the prevalence of anemia among low-income infants and preschool children was lower in 1991 than 1985, according to data from the Pediatric Nutrition Surveillance System (23), which includes many WIC participants.

DISCUSSION AND COMMENTS

Birth Weight

Taken all together, available evidence indicates that the prevalence of low birth weight and very low birth weight among infants born to low-income women participating in WIC has decreased significantly. This benefit has likely resulted from

Table 4
Relation between expenditure for foods with Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and birth weight[a]

Expenditure ($)	Infants (No.)	Mean birth weight (g)	Low birth weight (%)
<75	682	3,084	12.9
75 to 149	803	3,182	10.3
>150	346	3,219	8.3
Non-WIC	5,605	3,151	12.6

[a]Adapted from reference 16.

Table 5
Anthropometric differences between children enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) followed up over time and new enrollees in WIC[a]

	Age when studied		
	6-11 mo	12-47 mo	
Time on WIC (mo)	6	6	11
Difference			
Weight (g)	123	240	113
Height (cm)	0.23	0.51	0.56

[a]Adapted from reference 18.

combined effects of maternal nutrition supplementation, nutrition education, enhanced health care supervision, and availability and use of various social services.

Based on the conclusion that WIC participation reduced low birth weight (<2,500 g) and very low birth weight (<1,500 g) rates by 25% and 44%, respectively, Avruch and Cackley (24) estimated that for every dollar invested in prenatal WIC services, $3.07 was saved in infant medical services during the first year of life. The US General Accounting Office concluded that WIC was a cost-effective program because, for each federal dollar spent, between $2.89 and $3.50 was saved during the first 18 years of life (25).

Growth of Infants and Children

The most important determinants of later size (weight and stature) of young children are birth size (weight or length) and maternal size (prepregnant weight and stature) (26). If the duration of gestation can be extended by 2 or 3 weeks and the prevalence of low birth weight and very low birth weight reduced, as has been demonstrated in WIC (1,13-17), it follows that this will benefit those infants and children: They will be less likely to experience growth retardation as older infants, toddlers, and preschool children.

Anemia

Maternal If a pregnant woman is found to be anemic (hemoglobin <105 g/L) and to have low serum ferritin levels (<20 μg/L), the Institute of Medicine recommends treatment with 60 to 120 mg ferrous iron daily until a normal hemoglobin level is reached, after which the dose should be decreased to 30 mg daily (8).

Infants and children Increased breast-feeding in early infancy and use of iron-fortified formula appear to be the major factors responsible for the decline in the prevalence of anemia among low-income infants and young children (12,18). WIC

regulations stipulate that formula-fed infants receive iron-fortified formula. Nearly half of the infants born in the United States during the 1980s participated in WIC and 75% of those were formula-fed from birth (27). Of the 25% of WIC infants who were initially breast-fed, only about 5% were still breast-fed at age 6 months. In contrast, in 1994 it was estimated that about 45% of WIC infants throughout the United States were breast-fed in the neonatal period and that some 10% were still breast-fed (even partially) at age 6 months. WIC infants who were breast-fed only during the first few weeks or months of life switch to iron-fortified formula if they remain in the program.

Future Considerations

The WIC nutrition risk criteria have been scrutinized intensively by a committee appointed by the Food and Nutrition Board (28). Specific recommendations are summarized in a recent report (29).

From analysis of data pertaining to Guatemalan children (studied between 1969 and 1977), it was concluded that "although risk factors can be useful to predict who is at risk of a poor outcome, they may not predict who benefits more from nutrition intervention..." (30). Low maternal stature, poor socioeconomic status, inadequate home diet, high diarrhea rates, low weight for age, low weight for length, low length for age, and low mid-upper arm circumference at ages 3 and 6 months were all determinants of the risk of poor growth at age 36 months. However, only indicators of thinness (low weight for age, low weight for length, and low mid-upper arm circumference) were predictors of differential benefit from nutrition supplementation. It may be useful to look at data pertaining to infants and young children who have participated in WIC to ascertain the extent to which predictors of risk and benefit differ from each other.

Conclusion

The importance of maternal nutrition and nutrition during infancy and early childhood were clearly recognized by the planners and developers of WIC. They had the wisdom to combine the food supplementation and nutrition education components of WIC with health care supervision and access to social services. As a result, WIC has been effective in reducing the prevalence of low birth weight and thereby lowering medical costs associated with care of low-birth-weight infants, not only during the neonatal period but also during subsequent months and years in childhood. WIC has also had a notable effect on reducing the prevalence of anemia in toddlers and preschool children.

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Attachment H

Non Discrimination Policy Statement and New Civil Rights Posters

NUMBER: 1100

SUBJECT: Nondiscrimination Policy Statement and New Civil Rights Posters

PURPOSE:
No applicant, participant, potential applicant or other interested parties shall be discriminated against on the grounds of race, color, national origin, age, sex, religion, or disability from participation in, be denied benefits of, or be otherwise subjected to discrimination under the Program.

Local Agencies (LA) and clinics shall display the nondiscrimination poster, "And Justice For All" (March 1998) in prominent places for public information, public education or public distribution. Examples may include clinic waiting rooms, health centers, and other facilities frequented by participants and applicants. The LA shall provide WIC staff with accurate translations of the nondiscriminatory poster statement in languages appropriate for the target population.

REFERENCE(S):
7CFR 246.8
FNS Instruction 113-2
Title VI of the Civil Rights Act of 1964
Title IX of the Education Amendments of 1972
Section 504 of the Rehabilitation Act of 1973
Age Discrimination Act of 1975
Americans with Disabilities Act
Title II / Public Law 101-336
All States Memorandum 98-90: The Nondiscrimination Policy Statement and New Civil Rights Posters
Office of Civil Rights (OCR), Departmental Regulations (DR) 4300-3
WCR 1-2: CR-3-1 Nondiscrimination Policy

FORM(S):
- New Civil Rights Posters (Revised 12/1999); Posters are available in two versions. The basic version is English with a Spanish translation.

PROCEDURE(S):
1. All local agencies shall display the nondiscrimination poster "And Justice for All" in a prominent place visible to clients in the LA or clinic.
2. The LA shall order civil rights poster(s) as needed from the State Agency (SA).
3. The statement listed below shall be posted in all WIC offices and be included in full on all materials produced by WIC Services Branch and its local agencies for public information, public education, or public distribution.

"If you think you have been discriminated against on the basis of race, color, national origin, or age, write to United States Department of Agriculture (USDA), Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). If it is because of sex, religion, or disability, write the Hawaii WIC Services Branch, 235 South Beretania Street, Room 701, Honolulu, Hawaii, 96813-2419 or call (808) 586-8175 (voice and TDD). Persons living on the neighbor islands may call WIC toll free at 1-888-820-6425 (voice). WIC is an equal opportunity provider and employer."

4. The statement shall be provided in English and in all other languages appropriate to the local population.
5. The LA shall maintain a master file of Non-English translations of the nondiscriminatory statements on file within the Hawaii State Plan. The master file shall be used to reproduce and post the statement in translations appropriate for the LA or clinic.
6. The nondiscriminatory statement is currently available in the following languages:
    - Chinese
    - Creole
    - French
    - German
    - Hawaiian
    - Hindi
    - Hmong
    - Ilocano
    - Italian
    - Japanese
    - Korean
    - Laotian
    - Polish
    - Russian
    - Samoan
    - Tagalog
    - Vietnamese
7. Print material of one page or less in size will at a minimum, include USDA's short discrimination statement as:

    "WIC is an equal opportunity provider and employer."

8. When used, both statements shall be in print size no smaller than the text of the document.
9. Support materials that strictly provide a nutrition message without mentioning the USDA or the State WIC program may not need the nondiscriminatory statement.
10. Local Agencies shall ensure access to WIC clinics and services by handicapped applicants and participants.
11. The State Agency will conduct a civil rights compliance review as part of its monitoring/evaluation review of each local agency.

Attachment I

Civil Rights Statement on Printed Materials

NUMBER: 1100.1

SUBJECT: Civil Rights Statement on Printed Materials

PURPOSE:
No applicant, participant, potential applicant or other interested parties shall be discriminated against on the grounds of race, color, national origin, age, sex, disability, or religion.

PROCEDURE(S):

1. All Hawaii WIC produced printed program materials given to WIC participants shall contain the statement listed below. Examples of materials which may include the full statement are informational materials, posters, outreach materials, and referral materials.

"If you think you have been discriminated against on the basis of race, color, national origin, or age, write to United States Department of Agriculture (USDA), Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). If it is because of sex, religion, or disability, write the Hawaii WIC Services Branch, 235 South Beretania Street, Room 701, Honolulu, Hawaii, 96813-2437 or call (808) 586-8175 (voice and TDD). Persons living on the neighbor islands may call WIC toll free at 1-888-820-6425 (voice). WIC is an equal opportunity provider and employer."

2. If the material is too small to permit the full statement to be included, the material will at a minimum, include the USDA's short nondiscrimination statement as:

"WIC is an equal opportunity provider and employer."

This statement may be used on cups, buttons, magnets, pens, nutrition education, breastfeeding promotion materials which are limited to one page only, printed on one side or a similarly equivalent space.

3. Support materials that strictly provide a nutrition message without mentioning the USDA or the Hawaii State WIC Program do not need the long or short civil rights statement.

Attachment J

Confidentiality of Participant Information

NUMBER: 870

SUBJECT: CONFIDENTIALITY OF PARTICIPANT INFORMATION

PURPOSE:
The Hawaii WIC Program restricts the use or disclosure of information obtained from Program applicants and participants to:

1. Persons directly connected with the administration or enforcement of the program, including persons investigating or prosecuting violations in the WIC Program under Federal, State or local authority;
2. Representatives of public organizations designated by the chief State health officer, which administers the health or welfare programs that serve persons categorically eligible for the WIC Program. The State agency shall execute a written agreement with each such designated organization. The agreement shall specify that the receiving organization may employ WIC Program information only for the purpose of establishing the eligibility of WIC applicants and participants for health or welfare programs, which it administers. The receiving agency may use WIC program information to conduct outreach to WIC applicants and participants to assist them in enrolling in other programs, which may be beneficial to them.

Exceptions
WIC information, whether provided by applicants and participants or observed by WIC staff, is protected under the confidentiality provisions of Section 246.26 (d) of the regulations, except as discussed below.

1. Release of Anonymous Information: Information may be released in a way that protects the identity of the individuals if the data requested is provided in an aggregate or summary form. A request for the release of aggregate data must be made to the WIC Branch Chief in writing. The release of aggregate data may be granted as long as the release of information does not identify the participant or applicant. An example of aggregate data is the biennial survey for the "Participant Characteristic" data which is used for program impact studies.
2. Release of Information for Income Verification: CRF 246.26 (d) is not intended to limit WIC's ability to verify information necessary to ensure WIC income eligibility. Note that CFR 246.7 (c)(2)(vi) does allow the State and Local Agency to verify information necessary to ensure WIC income eligibility. Such action by the Local Agency shall not be taken without consultation with the WIC Branch Chief or the State's Attorney General.
3. Dual Participation Detection Purposes: Per CFR 246.4(a)(15), the Local Agency is allowed to release participant information to the Commodity Supplemental Food Program in order to prevent and detect dual participation in WIC and the Commodity Program. The release is allowed when the applicant is informed at the time of application that the applicant's data may be shared to comply with regulations. The applicant and participant does not have the option of declining to permit such information sharing if they wish to participate in the program.
4. Reporting of Child Abuse and Neglect Under State Statute: The State of Hawaii statute requires the reporting of known or suspected child abuse or neglect to the Department of Human Services, Child Protective Services as referenced in procedure 802.2.6. All completed Child Abuse and Neglect Reports shall be filed in a locked secure area designated as a strictly confidential file to be accessible by the Local Agency Coordinator and/or limited key staff.

REFERENCE(S):
7 CFR 246.7 (i) (9) and (c)(2)(vi)
7 CFR 246.26 (d)
FNS 800-I, WIC Program, General Administration: Confidentiality (3-30-90)
WRO Policy Memo 800-E, Confidentiality Issues (9-29-94)
SWICH Local Agency Manual, (Nov. 2, 1998) pages 1-31-33; 1-49 for examples

FORM(S):
Consent for Release Information of Confidential Information for Women (WIC Form CE870A)
Consent for Release Information of Confidential Information for Infants and Children (WIC Form CE870B)

PROCEDURE(S):
1. Written information or information stated verbally by participants or caretakers is confidential and may not be repeated or released to anyone other than the above stated personnel.
2. Indiscriminate use of confidential information is prohibited. Indiscriminate use is defined as information discussed in inappropriate places including, but not limited to, in front of other clients, in front of non-WIC local agency employees, outside of the local agency or clinic, and use of information other than for the participant's care.
3. WIC staff may share participant information with other health and welfare programs intended to facilitate a WIC client's entry into other health care and social services programs to assist and benefit the individual. Local Agency Staff shall obtain the participant's or the caretaker's written consent to release confidential information using the WIC form CE870A or CE870B.
   a. The WIC staff may explain the purpose of the referral or release of information by checking the section listed as "Other" on the bottom of the form (CE870A or CE870B) followed by a brief statement of explanation.
   b. The Consent for Release form may also be used to document the release of participant information for the purposes of enrolling the participant in the WIC Program in another State if the participant did not receive a VOC from Hawaii. State and Local Agency Staff shall not release participant information by phone without the written consent of the participant. The signed Consent shall be filed in the participant's last day of issuance in the participant issuance file.
   c. The signed Consent for Release shall be maintained filed in the participant's daily participation file under the first day of the participant's current certification. The CPA may document in the "Notes" section of the SWICH system if the consent is filed in a different location due to special circumstances.
4. Confidentiality Issues Related to the Phone and Mail:
   a. WIC staff shall ask each applicant/participant or caretaker for permission to send WIC correspondence to the participant's current address as well as permission to contact the individual by phone. The response "No Mailings" or "No Phone Calls" is clicked if the WIC staff do not have permission to contact the participant by such means of communication. See SWICH manual pages 1-31-1-33 for an example.

   b. Postcards as appointment reminders can be used if the participant is asked to fill in their name and address on the postcard if they wish to be sent correspondence from WIC. This will avoid a breach of the client's confidentiality. Local agency staff are to minimize any confidentiality concerns by consulting with the participant first to verify permission to contact them by mail. The use of sealed envelopes are encouraged to maintain confidentiality but not mandatory.

c. WIC staff must be aware that phone messages left for the WIC participant may be heard by individuals other than the WIC applicant or participant. Protocols regarding telephone calls made by WIC staff may need to be assessed by the local agency coordinator to determine whether the participant's confidentiality is compromised. Staff are encouraged to ask if the participant has any special instructions for leaving messages with others at the number or on an answering machine. Staff should be especially sensitive to the special needs of pregnant women and teens. Local agencies may choose to leave messages reminding the participant of their appointment by referring to their "health department" appointment rather than to their "WIC" appointment.

5. Confidentiality Issues Related to Sharing Participant Information with WIC Vendors:
   a. It is a violation of confidentiality for WIC staff to let a WIC vendor know that an individual returning infant formula is a WIC participant. WIC vendors are not allowed access to WIC applicant and participant information.
   b. WIC vendors may institute systems to ensure that WIC foods are not exchanged or accepted for refund. Some vendors have programmed cash registers to put an asterisk or other code on the register receipt for WIC purchases.
   c. The vendor shall contact the State or the Local Agency to make a complaint about a WIC participant. The agency will evaluate and follow up with the participant and the vendor regarding the complaint. The State and the Local Agency can not release the outcome regarding the complaint since this would be a violation of the participant's confidentiality

Attachment K

Nutrition Education and Breastfeeding Promotion and Support Expenditure Requirement

NUMBER: 500.1.1

SUBJECT: NUTRITION EDUCATION AND BREASTFEEDING PROMOTION AND SUPPORT EXPENDITURE REQUIREMENT

PURPOSE:
The State Agency (SA) is required to spend a total minimum for nutrition education (NE) and breastfeeding promotion and support (BFPS) activities of not less than the sum of (1) one-sixth of the amount expended by the State for nutrition services and administrative (NSA) costs; and (2) its proportionate share of the national minimum BFPS expenditure. USDA calculates annually the breastfeeding promotion and support activities requirement equal to $21 adjusted for inflation as of 10/01/96 and every 10/01 thereafter, multiplied by the average number of pregnant and breastfeeding women participating in the Program in the State during the last three months of the previous fiscal year for which data are available.

NE costs are limited to activities that are distinct in helping participants understand the importance of nutrition health. The cost of dietary assessments for the purpose of certification, the cost of prescribing and issuing supplemental foods, the cost of screening for drug and other harmful substance use and making referrals to drug and other harmful substance abuse services, and the cost of other health-related screening shall not be applied to the expenditure requirement for NE and BFPS activities.

Federal or State WIC grant expenditures and/or in-kind contributions allowable towards the NE and BFPS spending requirement include, but are not limited to:
(1) Salary and other costs for time spent on NE and BFPS consultations whether with an individual or group;
(2) The cost of procuring and producing NE and BFPS materials including handouts, flip charts, filmstrips, projectors, food models or other teaching aids, and the cost of mailing nutrition education or BFPS materials to participants;
(3) The cost of training nutrition or BFPS educators, including costs related to conducting training sessions and purchasing and producing training materials;
(4) The cost of conducting evaluations of NE or BFPS activities, including evaluations conducted by contractors;
(5) Salary and other costs incurred in developing the NE and BFPS portion of the State Plan and local agency (LA) NE and BFPS plans.

All Program employees of State-run and Purchase of Service (POS) LAs are required to complete WIC Form NSA 500.1.1 one month per calendar quarter. The data are used to calculate the personnel resources spent on BFPS activities, nutrition services other than breastfeeding, all other direct client services, and administrative activities.

The SA distributes WIC Form NSA 500.1.1 and instructions for completion to all LA Coordinators (LAC) who in turn distribute forms and instructions to all Program employees. Employees submit completed forms to LAC who review forms for accuracy and completeness, and submit completed forms to the SA. SA forwards forms to Accounting Unit, which in turn computes personnel resources spent on NE and BFPS activities.

End of Year Report by POS and DHO
In addition to participating in the annual NSA Time Report survey for one month every three months, POS agencies and District Health Offices (DHOs) must report and document all other (non-salary) federal

WIC grant funds expended for NE and BFPS. POS and DHOs are required to submit an annual end of year report of NE and BFPS costs to the SA no later than November 15 with copies of all related source documents such as invoices, travel vouchers and trip reports.

REFERENCE(S):
CFR 246.14 (c)
WRO Policy Memorandum 807-P
ASM 03-28
ASM 03-37

FORM(S):
Nutrition Services & Administrative Time Report (WIC Form NSA 500.1.1)

INSTRUCTIONS FOR THE NUTRITION SERVICES & ADMINISTRATIVE TIME REPORT

All paid employees (WIC funded and non-WIC funded) and volunteers are required to complete the WIC Form NSA 500.1.1 if they worked for WIC during October 1 through September 30 of the current fiscal year. This is used to report work hours spent on breastfeeding promotion and support, nutrition services, client services, and general administrative activities.

The time report of the volunteer or non-WIC funded staff may be indicated by selecting "VOLUNTEER" on the form. Supervisors do not complete entries from 01 through 31 for columns (3)-(8) for past and future staff. Supervisors shall record only the "Total Hours Reported" for columns (3)-(8) when completing time reports for past (terminated or resigned) and future (new employees starting in September) staff. Supervisors shall provide a justification by specifying the termination or resignation date for past staff or the start date of new staff on the form. All reports must be accurate and complete.

Review the instructions before starting. For each day, record the number of work hours spent for each category. Report all entries to the nearest **hour (60 minutes).** Refer to the list of allowable activities for each category. Contact your supervisor if you have any questions.

Column (1) DAY: Entry is required.

Column (2) COMMENTS: No entry is required, but you may indicate assignment details, such as, work site, caseload, visits, etc.

Column (3) BF: Record the number of hours spent on **breastfeeding** promotion & support activities.

Column (4) NS: Record the number of hours spent on **nutrition services** other than breastfeeding.

Column (5) CLIENT: Record the number of hours spent on **all other direct client services,** other than breastfeeding or nutrition services.

Column (6) ADM: Record the number of hours spent on **general administrative activities.**

Column (7) LEAVE: Record the number of hours of any paid or unpaid **leave** (e.g., sick, vacation, funeral, jury duty).

Column (8) TOTAL: The sum of columns (3) through (7) must total 8 hours in column (8) for each day worked for a full-time position.

SAMPLE FORM

(1) DAY	(2) COMMENTS	(3) BF	(4) NS	(5) CLIENT	(6) ADM	(7) LEAVE	(8) TOTAL
01		2	1	2	2	1	8
02		3	2	3	0	0	8
	TOTAL HOURS REPORTED	5	3	5	2	1	16

NOTE:

1. Sum each day for categories (3)-(7), this shall be recorded in column (8) of each day.
2. The sum of each column (3)-(8) shall be recorded on the "TOTAL HOURS REPORTED" row at the bottom of the form. **The "TOTAL HOURS REPORTED" row is required for all staff.**
3. The sum of the "TOTAL HOURS REPORTED" row for columns (3)+(4)+(5)+(6)+(7) should equal the total for column (8) in the "TOTAL HOURS REPORTED" row.

LIST OF ALLOWABLE ACTIVITIES

Breastfeeding (BF): Report all activities expended for promotion and support of breastfeeding including, but not limited to:

- planning or conducting educational and other services to promote or support breastfeeding;
- delivering/attending training on breastfeeding promotion and support;
- developing/procuring or copying educational materials, instructional curricula, etc., related to breastfeeding promotion and support;
- participating in State and local planning committees dedicated to breastfeeding promotion and support;
- organizing volunteers and community groups to promote and support breastfeeding among WIC participants;
- traveling time related to any of the above activities.

Nutrition Services (NS): Report all activities directly related to general nutrition education not reportable under breastfeeding, including, but not limited to:

- planning, development and/or preparation of nutrition education classes, materials, or consultation;
- conducting individual or group educational sessions with participants;
- training of persons to provide nutrition education;
- evaluating nutrition education, nutrition education resources, including the collection of participant views;
- distributing nutrition education materials;
- monitoring nutrition education;
- providing interpreter and translator services related to nutrition education;
- travel time related to any of the above activities.

Client services (CLIENT): Report all activities used to deliver food and other client services and benefits, not reportable as breastfeeding or nutrition education including, but not limited to:

- conducting interview to obtain diet and health information in the certification process;
- issuance of food instruments and explanation of their use;
- information and referral services to refer clients to other health and social services;
- coordination services with other programs;
- participation in activities, which promote public health and other health and social services for participants;
- conducting and participating in surveys/studies, which evaluate the impact of WIC on its participants.

General administrative (ADM): Report activities including, but not limited to:

- program monitoring, prevention of fraud, general oversight and food instrument accountability;
- planning, preparing and conducting outreach;
- food instrument reconciliation, monitoring and payment;
- vendor monitoring;
- keeping administrative records;
- preparing and maintaining fiscal and program management reports.

NUTRITION SERVICES & ADMINISTRATIVE TIME REPORT

Complete & return one form per WIC employee to the WIC Services Branch no later than COB __/__/__.

Employee Name _____ **Job Title** _____ **Local Agency/ Number** _____

MONTH _____ **VOLUNTEER** ☐ (check box, if applicable)

(1) DAY	(2) COMMENTS	(3) BF	(4) NS	(5) CLIENT	(6) ADM	(7) LEAVE	(8) TOTAL
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							
11							
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20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
	TOTAL HOURS REPORTED						

JUSTIFICATION (if applicable): _____

_____

Employee Signature _____ **Date** _____ **Supervisor Signature** _____ **Date** _____